



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E469553**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **15-02379**

LOCAL AGENCY CODING

TOTAL # OF UNITS **02** OBJECT STRUCK **FENCE**

DATE OF COLLISION **09** - **20** - **2015** TIME (2400) **0000** COUNTY # **31** MILES **0664** CITY # **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒  
**20TH ST SE** BLOCK NO. ☒ **7308** MILE POST ☐

DISTANCE ☐ MILES ☐ FEET ☐ OF (REFERENCE OR CROSS STREET) ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME **UNKNOWN** FIRST NAME **UNKNOWN** MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL **9** RESTRICTIONS **9** ENDORSEMENTS **9**

DRIVER'S LICENSE # **9** STATE **WA** SEX **U** D.O.B. **MMDDYYYY**

ON DUTY ☐ STATUS **9** AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **0** STATE **0** VIN#

TRAILER PLATE # **0** STATE **0** TRAILER PLATE # **0** STATE **0**

VEH. YEAR **0** MAKE **0** MODEL **0** STYLE **0** VEHICLE TOWED YES ☐ NO ☒ TOWED BY **0** GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # **0** CITATION # **0** CHARGE **0**

UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253343704 N: 4253505058**

LAST NAME **WALKER** FIRST NAME **PEGGY** MIDDLE INITIAL **A**

STREET NEW ADDRESS **7308 20TH ST SE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL **9** RESTRICTIONS **9** ENDORSEMENTS **9**

DRIVER'S LICENSE # **9** STATE **WA** SEX **F** D.O.B. **05** - **12** - **194** **9**

ON DUTY ☐ STATUS **9** AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **9** STATE **9** VIN#

TRAILER PLATE # **9** STATE **9** TRAILER PLATE # **9** STATE **9**

VEH. YEAR **9** MAKE **9** MODEL **9** STYLE **9** VEHICLE TOWED YES ☐ NO ☒ TOWED BY **9** GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # **9** CITATION # **9** CHARGE **9**

OFFICER'S NAME (PRINT) **DENNIS IRWIN** BADGE OR ID # **105** AGENCY **WA0311900**

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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E469553**

CASE # **15-02379**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

UNIT #1 appeared to have entered the driveway at 7308 20th St SE and then struck the closed gate/fence across the driveway. The damage to the gate/fence was obvious and UNIT #1 fled the area without contacting the property owner.

It appears the UNIT #1 was attempting to use the driveway as a turn-around area.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**DENNIS IRWIN**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**09-20-15 12:14 PM**

DATED

PLACE SIGNED

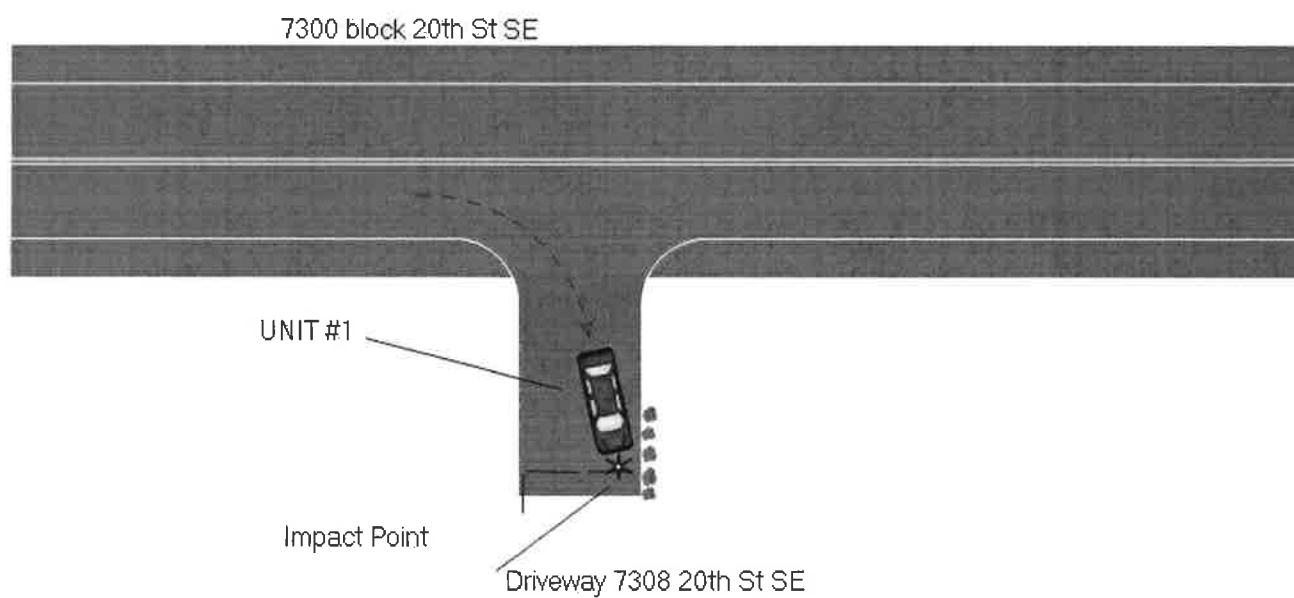
APPROVED BY

**RON BROOKS 013**

DATE

**10/10/2015 8:24:04 AM**

BADGE OR ID #	<b>105</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>9:20 AM</b>	TIME POLICE ARRIVED	<b>9:21 AM</b>
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\*\*not to scale\*\*

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

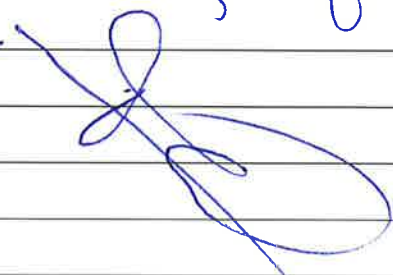
CASE NUMBER 15-02379

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Walker, Peggy A</u>	RACE <u>C</u>	ETH	SEX <u>F</u>	DOB <u>5/12/49</u>	AGE <u>66</u>	HGT <u>5'3"</u>	WGT <u>185</u>	HAIR <u>Brown</u>	EYES <u>Blue</u>
STREET ADDRESS <u>7308 20th St SE</u>		CITY <u>Lake Stevens</u>		STATE <u>WA</u>		ZIP <u>98258</u>		RES. STATUS		
HOME PHONE <u>425-334-3704</u>		CELL PHONE <u>425-350-5058</u>		PLACE OF EMPLOYMENT <u>Lake Stevens School Dist</u>						
WORK PHONE		EMAIL ADDRESS <u>rockonpeg@yahoo.com</u>								

I, Peggy Walker, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I came out this morning & found gate hit by unknown vehicle.



**LSPD ORIGINAL**

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Peggy Walker</u>	DATE SIGNED: <u>9/20/15</u>	LOCATION SIGNED: <u>same address</u>
OFFICER/NUMBER: <u>D. IRWIN #105</u>	DATE SIGNED: <u>09/20/15</u>	LOCATION SIGNED: <u>LAKE STEVENS, WA</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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15-02519



LSPD  
ORIGINAL

*[Signature]*  
1/1

Incident History for: #SS15019007

Case Numbers: \$SS15002379

Entered 09/20/15 09:20:15 BY SPCT04 SP0393  
Dispatched 09/20/15 09:20:28 BY SPSC40 SP0243  
Enroute 09/20/15 09:20:28  
Onscene 09/20/15 09:21:00  
Closed 09/20/15 10:05:20

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS003 Fire BLK: AG1317 Map Page: 397B-4 Group: SS1 Beat: SOUT

Src: T

Loc: 7308 20 ST SE , LKS btwn 71 AV SE & CAVALEROS RD (V)

Loc Info:

Name: WALKER, PEGGY

Addr:

Phone: 4253505058

/0920 (SP0393) ENTRY , CC, COLD H & R, NS  
/0920 (SP0243) DISPER 19D1 #SS105 IRWIN, OFFICER (DENNIS)  
/0921 ONSCNE 19D1 [PH]  
/0946 (SP0380) ASNCAS 19D1 \$SS15002379  
/1005 CLEAR 19D1 D/H  
/1005 CLOSE 19D1

LSPD  
ORIGINAL